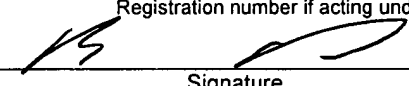


PTO/SB/22 (09-06)

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|   |   |                                      |                         |
|---|---|--------------------------------------|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>KKP-0276 |                         |
| Application Number<br>10/806,267-Conf. #1916  |   | Filed<br>March 23, 2004              |                         |
| For <b>WATER BASED INK FOR BALL-POINT PEN AND BALL-POINT PEN USING THE SAME</b>   |   |                                      |                         |
| Art Unit<br>1714  |   | Examiner<br>C. E. Shosho             |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |                                      |                         |
|   |   | <u>Fee</u>                           | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120                                | \$60 \$ 120.00          |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$460                                | \$230 \$                |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1050                               | \$525 \$                |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1640                               | \$820 \$                |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2230                               | \$1115 \$               |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |                                      |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |                                      |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |                                      |                         |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |                                      |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0013</u> . I have enclosed a duplicate copy of this sheet. |                                      |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |   |                                      |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |                                      |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,255</u>  |   |                                      |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |   |                                      |                         |
| <br>Signature  |   | February 25, 2008<br>Date            |                         |
| Brian K. Dutton<br>Typed or printed name  |   | (202) 955-3750<br>Telephone Number   |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |                                      |                         |
| <input checked="" type="checkbox"/>   | Total of <u>1</u> forms are submitted.  |                                      |                         |

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